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J. E.

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Pa. Feb. March 1828

And

Inaugural Essay

on

Phlegmasia Dolens

by

Wm. C. Bonsall

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On
Phlegmasia Dolens,
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The disease which constitutes the subject of the following essay, has generally been called Phlegmasia Dolens, though numerous other appellations have been given to it by various writers.

As Ecchymoma Lymphaticum. Adema Lactium. Anasarca Tensa. Cruritis. &c.

But I shall without further prelude pass to the consideration of the disease itself, and not enter into any investigation of the propriety of these different synonyms.

It is a disease comparatively of rare occurrence and has for considerable length of time engaged the attention of Medical men, and although there is every reason for supposing that the disease has existed from the earliest periods of society, and must have ^{been} coeval with those incident to the

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puerperal state, little attention appears to have been paid to it by the Ancients.

Mr. White of Manchester in his inquiry says - That out of 1897 women delivered at the Westminster general Dispensary, five only were seized with it, and of 8000 women delivered at the Manchester Lying-in Hospital, and three own Houses, no more than four were affected by this complaint.

General History

Phlegmasia Dolens principally affects women in the puerperal state though to this general rule there are a few exceptions, cases of the disease having appeared in the Male and in the female independantly of the parturient state. It is very irregular in its occurrence, making its appearance in some cases in the course of twenty four or forty eight hours after delivery and at other times, not until a month or even six weeks have elapsed, but in general the attack takes

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place from the tenth to the fifteenth day after
parturition.

It never attacks both limbs at once though frequently transmits itself from one to the other occurring in all situations, in the country as well as the city, all ranks and all habits, the rich, the poor, the robust and the delicate, those who give suck and those who do not, all being liable to an attack of it.

In the commencement of the disease the patient generally complains of a pain in the groin of one side a considerable degree of Pyrexia accompanying not infrequently ushered in by a slight chill. The part affected soon becomes swelled, very tense with more or less pain extending from the groin down in the inner side of the thigh to the leg. The appearance of the limb externally is white and pulturaceous, glossy. The swelling does

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not extend beyond the Labium Pudendi of the affected side but gradually progressing downwards involves the whole limb from the groin to the foot frequently attaining double the size of the sound extremity. It is not attended with external signs of inflammation. There being no redness but is hard, smooth, glabrous, pale and equal except where the conglomerate glands are situated, which are corded and knotted as in the groin, the hand, and the back and the fleshy parts of the leg. When pressed upon it is elastic, no impression remaining after the pressure is removed. If punctured a small quantity of fluid issues which soon coagulates.

Though I have described the disease as commencing at the groin this is not universally the case, for there are instances in which it has been known to commence in the foot, the middle of the leg and the knee but, this in a practical

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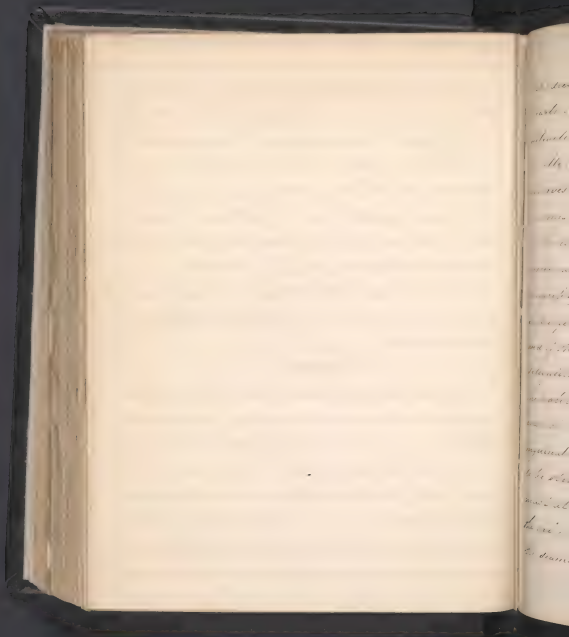
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want of more inflexible consequence for in a short
time the disease extends through all the community
and involves the appearance of new epidemics

The termination of this disease is in resolution commencing with the diminution of pain in the throat and vaginal regions together with a subsidence of the swelling and return of the lochia and local discharges if they have been suppressed. A suppurative termination is rare and when it does is probably the result of improper treatment.

Causes

Some older writers who have noticed this complaint considered it as a "hereditary disease," from a hereditary transmission. The evidence in the first instance is a matter of debate. When the point of the question is by no means satisfactory, for it does not account for its appearance in "accidental" families, or in new subjects.



the less the number of the lobes, even within
limits, and the lower the number of particular
attention for these fibres.

My view in his lecture on the complaint
"dyspnoea" This disorder is owing to the chest being
incapable of doing its office which arises from
the lower extension against the form of the
chest, moving a lateral force so as to stop the
expansion of the lungs. That the number of lobes
and the extent of the surface is great, requiring
and if the heart continues any time in that
situation while the lungs are driven in, and
the chest by the powerful contraction of the
muscles of the chest and the strength of the
muscles of the chest, though it would be better
to be stronger than some of the blood vessels,
must at last burst and shed its contents. In
the air is made in the lymphatics is to be seen, and
the diameter of the tube is contracted, or totally closed.





it appeared in each alternate semicircular
area and in the same position, even in one and then
in the other.

2. If we admit the rupture to take place during
the time when a watery fluid is present of the
glazed fluid no swelling appearing for the space
of ten or fifteen days. If this was the case the disease
would be more insidiously.

3. That swelling does not appear until matter
has appeared in the given situation it should be
if a rupture of the laminae takes place there.

4. That it has appeared in the female under
similar of very subtle connected with the
same.

5. That in an essay on the disease was
said that the disease is caused by an
inflammation of the meso-epithelial membrane
and when performed the cure and in some
cases it is not the case and may be communicated





which sometimes may be seen in the places
above which they pass.

Dr. Pomeroy is nearly of the same opinion
with Mr. Linn. He considers it as an abnormal
condition of the circulation and a pathological condition
at the extreme.

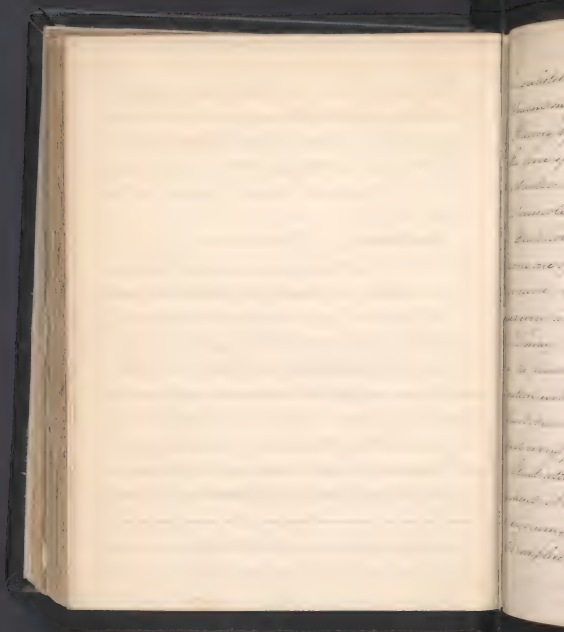
Dr. Pomeroy in his medical history of the
case "that the female case is an anatomical
and histological of the absorbents of the heart the cause
something of the result he observes, however, in
the distinction between the distal of the
arteries and those of the venous system. The
absorbents are considered as capable of performing
their function in the same manner as the
arteries and the obstruction of the arteries but
the arteries have a certain power of contraction
and to prevent the blood from stagnating and
being absorbed must stagnate in the cellular
membrane.



Having examined in a concise manner, the
particular theories upon this disorder, I conclude to
sayings that, fully concur with Drs. Gouman
and Ferrus in considering it to be an inflammatory
process affecting the brain in its vessels
and vessels.

Treatment; The indications are
1st To lessen arterial action and relieve the pain
2nd To reduce the swelling or, in more absorption.

To fulfill the first indication, venesection
must be had recourse to, it may be necessary
to repeat the bleeding several times in quick
and the quantity to be extracted will depend
upon the judgment of the Physician and
the constitution of the patient. Bleeding
with venesection cathartics will be found to
not only be beneficially of this but the current now
should be administered in the first onset of
the disease. Afterwards the treatment will be



is substituted to keep the bowels gently open
this may be given if necessary, so that the
stomach by these means succeeded in lessening
the force of the artificial system, so that when
a course is the second indication, which is
to promote the absorption of the blood.

Diarrhoea may be resorted to in the case
some of the unpleasant explorations may
be used. The first, which is generally
used every advantage may be derived from it.
It may be given either in solution or
in the form of powder. Antimony is a con-
tinuation with the blood in the production of gas, it
is the best to give, and it is the best, and it
is the best, and it is the best.

Such attention should be paid to the diet, the
patient should consist of a small quantity
of food, and it should be given in a small quantity.
It is the best, and it is the best.

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and will usually be necessary and should not
be neglected.

The application of a Tincture in respect to
inner heat is. "Heat is in the calf of the leg"
is frequently attended with great danger.

The warm bath or the sinapism may
be serviceable in the vulgar bath made by
plunging hot linths into vinegar &c.
dressing them in a cloth & pinning them
under the bed clothes.

Local blood letting is likewise sometimes
by Dr. Ferriar.

The disease still continuing after the
above means have been used in most cases
a Mercury given so as to induce ptyalism
this seldom fails in producing relief. Mercury
combined with opium is a powerful, but with
care of the stomach with which the Tincture is
has often produced the best effects.



The treatment for the second indication consists principally in local applications, but we must keep an eye to the general system.

In case of great debility Tonics will be proper or if there exists considerable febrile action, we must be again, resorted to, when there is irritability of the nervous system Camphor will be found a very good remedy it may be conjoined with Nitre in the proper kind of gr. & of the former to \times of the latter, which may be repeated if necessary, two or three times during the day. The flannel roller applied from the foot to the groin is a valuable local application. Friction with Oils Camph. Nerve Oil, Camphorated liniment, cloths wrung out of hot vinegar applied to the groin are highly recommended.

The patient must not be allowed to stand or walk too much and we should advise the

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roller or bandage to be continued for a consid-
erable time after the patient considers himself
well.

Department of the Army

Medical Director, Dept. of the Army

Director, U. S. Army Medical Service

of the

University of Pennsylvania

for the Degree of Doctor of Medicine

Dr. Henry H. Rogers

of Pennsylvania

June 25, 1878

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